

COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT
"A Tradition of Service Since 1850"


OFFICE CORRESPONDENCE

DATE: November 17, 2016
FILE:

FROM: 
JOHN S. BENEDICT, COMMANDER
NORTH PATROL DIVISION

TO: JENNIFER L. BATEMAN, CAPTAIN
TRANSIT BUREAU NORTH

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS

Case Number:	SH2380778
Incident:	Hit Shooting
Incident Date:	June 1, 2015
Unit:	Transit Bureau North
Suspect(s):	Morriss, Jeffrey MW/051363
Involved Employees:	Sergeant Randolph Springer # 
EFRC Date:	November 17, 2016

The Executive Force Review Committee (EFRC) consisting of Commanders Darrell B. Bolin, John S. Benedict, and David E. Halm met and reviewed the above case.

FINDINGS:

The EFRC determined the use of force and tactics were both within Department policy.

RECOMMENDATIONS:

The EFRC made no recommendations.

JSB:TLB:tlb

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date: 06-10-2015		Bureau/Station/Facility: Transit Policing Division/Transit Services North		Admin. Invest.? <input type="checkbox"/> Hit? <input checked="" type="checkbox"/>	
Incident Information					
URN: 015-03181-6713-013		Date: 06-01-2015		Time: 1744	
City or Station: Van Nuys		Nature of Incident: Sgt Springer traveled e/b on the Orange Line Busway & stopped for a traffic signal at Densmore Ave. While stopped Springer saw the susp on the n/w corner point a rifle at him. Springer fired once.			
Location: Orange Line Busway / Densmore Avenue					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> Street Other: <u>Busway</u>		Lighting (check only one): <input type="checkbox"/> Darkness <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance: 20 feet		Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:	
Total # of Shots Fired by Deputy: 1		Total # of Shots Fired by Suspect: 0		Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input type="checkbox"/> Call <input checked="" type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>	
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
	Aimaq	Salim	S.		
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
	Perez	Gabriel	M.		
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Non-Employee Witnesses					
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Supervisors					
Employee #	Last Name	First Name	M.I.	(check one or more):	
	Springer	Randolph	L.	<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input checked="" type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more):	
				<input type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Watch Sergeant					
Employee #	Last Name	First Name	M.I.		
	Robocinski	Jarroslaw	N.M.N.		
Watch Commander					
Employee #	Last Name	First Name	M.I.		
	Maldonado	Albert	M.		

PSTD Use Only

SH # 2380778

Officer Involved Shooting Involved Employee Information

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Involved Employee												
E 1	Employee #	Last Name			Springer		First Name		Randolph		M.I.	L.
	Sex:	M	Race:	W	Rank:	Sergeant	Unit Assignment:	Chatsworth				
	ShiftTime (circle only one):		ShiftType (circle only one):		Intoxication/Drug Usage?		Substance Used:					
	<input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		<input type="checkbox"/>							
	Hospital Admission? <input type="checkbox"/>		Hospital Name:			Coroner Case? <input type="checkbox"/>		Coroner Case #			Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one):		Other Factors:					
	Cannot recall				<input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest							
	Age:		Height:	6'00"	Weight:	215 lbs						
	Range Qualification Date:			PPC Qualification Date:			Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>	Patrol Certification? <input type="checkbox"/>	Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force:					
	Weapons Fired Brand:		S&W		Caliber	9MM	# Shots	1	Weapons Fired Brand:		Caliber	# Shots
	Field Training Officer Emp #			Last Name			First Name				M.I.	
	Field Training Officer Emp #			Last Name			First Name				M.I.	
E	Employee #	Last Name					First Name				M.I.	
	Sex:		Race:		Rank:		Unit Assignment:	Work Assignment (Unit #, Module, etc.):				
	ShiftTime (circle only one):		ShiftType (circle only one):		Intoxication/Drug Usage?		Substance Used:					
	<input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		<input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		<input type="checkbox"/>							
	Hospital Admission? <input type="checkbox"/>		Hospital Name:			Coroner Case? <input type="checkbox"/>		Coroner Case #			Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one):		Other Factors:					
					<input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest							
	Age:		Height:		Weight:							
	Range Qualification Date:			PPC Qualification Date:			Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>	Patrol Certification? <input type="checkbox"/>	Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force:					
	Weapons Fired Brand:				Caliber		# Shots		Weapons Fired Brand:		Caliber	# Shots
	Field Training Officer Emp #			Last Name			First Name				M.I.	
	Field Training Officer Emp #			Last Name			First Name				M.I.	
E	Employee #	Last Name					First Name				M.I.	
	Sex:		Race:		Rank:		Unit Assignment:	Work Assignment (Unit #, Module, etc.):				
	ShiftTime (circle only one):		ShiftType (circle only one):		Intoxication/Drug Usage?		Substance Used:					
	<input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		<input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		<input type="checkbox"/>							
	Hospital Admission? <input type="checkbox"/>		Hospital Name:			Coroner Case? <input type="checkbox"/>		Coroner Case #			Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one):		Other Factors:					
					<input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest							
	Age:		Height:		Weight:							
	Range Qualification Date:			PPC Qualification Date:			Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>	Patrol Certification? <input type="checkbox"/>	Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force:					
	Weapons Fired Brand:				Caliber		# Shots		Weapons Fired Brand:		Caliber	# Shots
	Field Training Officer Emp #			Last Name			First Name				M.I.	
	Field Training Officer Emp #			Last Name			First Name				M.I.	

Officer Involved Shooting Suspect Information

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Suspect Information										
S 1	Last Name			Morris		First Name		Jeffrey	M.I.	A.
	AKA Last Name					First Name			M.I.	
	Sex:	M	Race:	W	Street Address:	City:		State & Zip Code:		
	Work Phone:			Home Phone:			Social Security #:	Driver's License #:		
	Age:	52	D.O.B.:	05-13-63	Height:	5'11"	Weight:	195	FBI #:	
	Booking #	4342953		Primary Charge:		245(C)P.C.		Secondary Charge:		
	Coroner Case?	<input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage?		<input type="checkbox"/>		Substance Used:
	Armed?	<input checked="" type="checkbox"/>		Apprehended?		<input checked="" type="checkbox"/>		Mental Illness?		<input type="checkbox"/>
	Vehicle Make	Model:		Year:	Parole:	Probation:	Prior Felony Conviction:			
S	Last Name					First Name		M.I.		
	AKA Last Name					First Name		M.I.		
	Sex:		Race:		Street Address:	City:		State & Zip Code:		
	Work Phone:			Home Phone:			Social Security #:	Driver's License #:		
	Age:		D.O.B.:		Height:		Weight:		FBI #:	
	Booking #			Primary Charge:				Secondary Charge:		
	Coroner Case?	<input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage?		<input type="checkbox"/>		Substance Used:
	Armed?	<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>
	Vehicle Make	Model:		Year:	Parole:	Probation:	Prior Felony Conviction:			
S	Last Name					First Name		M.I.		
	AKA Last Name					First Name		M.I.		
	Sex:		Race:		Street Address:	City:		State & Zip Code:		
	Work Phone:			Home Phone:			Social Security #:	Driver's License #:		
	Age:		D.O.B.:		Height:		Weight:		FBI #:	
	Booking #			Primary Charge:				Secondary Charge:		
	Coroner Case?	<input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage?		<input type="checkbox"/>		Substance Used:
	Armed?	<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>
	Vehicle Make	Model:		Year:	Parole:	Probation:	Prior Felony Conviction:			
S	Last Name					First Name		M.I.		
	AKA Last Name					First Name		M.I.		
	Sex:		Race:		Street Address:	City:		State & Zip Code:		
	Work Phone:			Home Phone:			Social Security #:	Driver's License #:		
	Age:		D.O.B.:		Height:		Weight:		FBI #:	
	Booking #			Primary Charge:				Secondary Charge:		
	Coroner Case?	<input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage?		<input type="checkbox"/>		Substance Used:
	Armed?	<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>
	Vehicle Make	Model:		Year:	Parole:	Probation:	Prior Felony Conviction:			